Client Consent to Audio-Recording of Sessions

METANOIA INSTITUTE

- I have been asked to give my permission to have my psychotherapy/counselling sessions recorded.
- I have been reassured that declining this request will not impact on my psychotherapy/counselling.
- I understand that this is a requirement of my psychotherapist's/counsellor's training and is for the sole purpose of their professional development.
- The recordings may be used only for clinical supervision or examination purposes. They may be heard by my psychotherapist/counsellor's supervisor, tutor, peers, and examiners. They will not be heard by anyone not bound by a professional code of ethics and confidentiality.
- I understand that my name or any other identifying details, or identifying details of other people about whom I might talk during psychotherapy/counselling, will never be disclosed or revealed.
- I understand that I have the right to request that recording be ceased, or a recording erased, at any time.
- I understand that my psychotherapist/counsellor is responsible for the recordings and will keep them safely and securely stored. This includes the use of appropriate passwords if the recordings are stored on a memory stick, laptop or personal computer. My psychotherapist/ counsellor is also responsible for the safety of the recordings during transport.
- I understand that all recordings will be erased and destroyed after completion of my psychotherapist's/counsellor's training course at the latest.
- I understand that I have the right to request a copy of the recording, but that this request will be considered by my therapist, their supervisor, and the service before a decision is made.
- I confirm that I have not been put under any pressure to consent to recording.
- I give my permission to the recording of my psychotherapy/counselling sessions.

Psychotherapist/Counsellor's Name	Signature	Date

Client's Name	Client's signature	Date